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Country note**

Mauritania

Summary

The Executive Director presents the country note for Mauritania for a programme of cooperation for the period 2003 to 2008.

The situation of children and women

1. The population of Mauritania in 2001 is estimated at 2,548,000. An increasingly sedentary population and rapid urbanization (accounting for 95 per cent and 61 per cent of the total population respectively) are bringing about profound changes in society. Moderate economic growth and a high population growth rate (2.7 per cent) mean that the country's per capita income has increased by only 0.9 per cent a year in real terms, reaching $US 380 in 1999. Half of the population lives in poverty and since January 2000 Mauritania has been eligible for the Heavily Indebted Poor Countries (HIPC) debt initiative. Consolidation of democratic institutions and human rights is continuing. The Convention on the Elimination of All Forms of Discrimination against Women was ratified in May 2000 and a Personal Status Code in 2001. The creation in 1998 of a Secretariat for Civil Registration means that the birth registration rate is increasing (currently 55.2 per cent). HIV/AIDS presents a growing challenge, with a marked increase in the infection rate among blood donors (1.7 per cent in 1998 compared to 0.3 per cent in

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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1993). Mauritania has not managed to achieve the objectives set out at the World Summit for Children; however, it is close to achieving them for basic education (the net school enrolment rate rose from 45.5 per cent in 1990 to 83.4 per cent in 2000, and from 39.3 per cent to 81.3 per cent for girls), poliomyelitis eradication (although there was one confirmed case in 2001) and dracunculiasis eradication (136 cases in 2000 compared to 8,300 in 1990).

2. There are still significant disparities in the level of access to and in the quality and use of essential social services (particularly in rural and peri-urban areas). The infant mortality rate fell from 144 per 1,000 live births in 1991 to 118 in 1995. The maternal mortality rate remains very high (estimated at 930 per 100,000 live births in 1997). Vaccination cover of children under 1 year old is increasing slowly: cover for tuberculosis (BCG), measles and diphtheria, and whooping cough and tetanus vaccines (three doses) increased from 65 per cent, 32 per cent and 29 per cent respectively in 1990 to 75 per cent, 62 per cent and 40 per cent in 2000. The Nutricom survey (2001) shows that 27.5 per cent of children under 5 are underweight and 32 per cent suffer from growth retardation. Only 2 per cent of households consume iodine-enriched salt. Rates of access to drinking water and sanitation remain low. Waste management has become an urgent and major environmental challenge for urban authorities. Pre-school education is at an embryonic stage, with an enrolment rate of 3.6 per cent. The quality of primary education is a priority but repetition and drop-out rates remain high (14 per cent and 9 per cent). The rate of access to secondary education is 36 per cent (38 per cent for boys, 33 per cent for girls), but only 73 in every 1,000 girls enrolled in secondary school obtain their baccalaureate, and there are marked regional disparities. About one third of children go to traditional schools ("mahadras"), which account for 8 per cent of the total school enrolment. However, limited capacity to provide supervision and remedial teaching for young people who have dropped out of school remains a cause for concern. In 2000, 48 per cent of adults were literate (64 per cent of men but 45 per cent of women) compared to 35 per cent in 1990. Female genital mutilation persists across the country (73 per cent) but the practice of force-feeding is becoming rarer (11 per cent of girls aged 15 to 19). The social impact of rapid urbanization is that more children and young girls need special protection measures and female heads of household (39 per cent) are more vulnerable.

Lessons learned from past cooperation

3. The mid-term review called for the rapid incorporation of the programme in national planning and monitoring mechanisms, the strengthening of partnerships with civil society and increased community participation, particularly of young people and vulnerable groups. The review also recommended increased efforts to concentrate on certain geographical areas. Greater attention should be paid to the integrated development of young children, decentralized structures and the special problem of young people in urban areas.

4. A combination of factors accounts for the imminent success of most of the objectives of the World Summit for Children: mobilization of decision makers at the highest level, sustained funding, strong partnerships and coordination mechanisms that take into account the comparative advantages of each party. Conversely, where there has been less success in achieving results (a routine Expanded Programme on Immunization, nutrition, salt iodizing, etc.), this is partly because insufficient

importance is attached to communication as a means of promoting changes in behaviour.

5. Sectoral reforms and debt relief are tangibly impacting assistance mechanisms and the level of funding for social sectors, making it necessary for UNICEF to review its strategic position. The Government's widespread use of experimental approaches initiated under the current cooperation programme (community schools, fire hydrants in towns, microcredit for women) demonstrates the role UNICEF can play in guiding and validating national policies through decentralized action that is better targeted and regularly evaluated. The results of the external evaluation by Nissa Banks confirm that UNICEF has a role to play.

Proposed country programme strategy

6. The Framework strategy for the 2003-2008 cooperation programme forms part of the national drive to promote, respect and protect the rights of children and women. It is the result of a participatory process involving the Government, development partners, civil society and non-governmental organizations, and is backed up by the results of the Common Country Assessment and analysis of the situation. It was approved at the strategy meeting on 17 September 2001. A sustained effort has been made to integrate it into the poverty reduction strategy and the health and education sector reforms, which are specifically aimed at reducing disparities, ensuring universal access to basic social services, proceed with decentralization and increase the involvement of civil society. Moreover, the United Nations Development Assistance Framework (UNDAF) plan drawn up in 2001 improves complementarity among agencies, particularly with regard to school enrolment of young people, action to combat HIV/AIDS and harmful traditional practices, child and maternal health and the development of a social database. The duration of the programme (six years) represents an attempt to coordinate agencies' cycles and the Government's triennial plans. The targeting and content of the programme will be further enhanced by the results expected from several surveys, including the survey of households' living conditions, the population and health survey and the HIV/AIDS survey.

7. The new country programme is one of the priorities of the medium-term strategic plan and will help to achieve the national objectives for the survival, development, protection and participation of children in Mauritania. In the context of programming according to the rights of the child, three objectives will be pursued: (a) to ensure that all young children have a good start in life through integrated care and an environment favouring a balanced development; (b) to offer each child the opportunity for a quality education; (c) to promote the participation of children, adolescents and women, particularly the most vulnerable, in the life of their society.

8. There will be a particular focus on children and the most vulnerable groups and on reducing disparities and discrimination. The integrated development of young children, HIV/AIDS prevention, attention to the gender variable and the updating of social data relating to children and women will be incorporated into all components of the programme. In response to Government guidelines, but also in order to ensure the continuity of current activities and coordination with other agencies of the United Nations system, the programme will be implemented mainly

in four of the poorest regions (Brakna, Asaba, Gorgol and Guidimakha), covering about 925,000 people, and in several disadvantaged outlying areas in the cities of Nouakchott (Dar Naim, El Mina) and Nouadhibou, which are home to 220,000 people. Some activities will apply nationwide, others, particularly those relating to community development, will target more limited priority areas in the programme regions ("wilayas"), depending on measurable complementary criteria (poverty, disparities, etc.). Nationwide programmes, sectoral reforms, the involvement of civil society (non-governmental organizations, associations, local authorities) and a fund-raising strategy will strengthen coordination and alliances. The contingency plan for emergencies will be updated regularly in the light of existing inter-agency cooperation to cope with the major known risks in Mauritania.

9. The country programme will be made up of five programmes: (a) health and nutrition; (b) education for all; (c) promotion of rights and special protection; (d) support for local development and community participation; and (e) social planning, follow-up and evaluation. The last two will be cross-sectoral programmes. Cross-sectoral funds will cover part of the recurring costs of support section staff and operating costs.

10. The health and nutrition programme will form part of reform of that sector, helping to achieve the national targets for reducing infant and child mortality and maternal mortality, preventing child disabilities and capitalizing on the achievements of the Bamako Initiative. At the national level, it will support the Expanded Programme on Immunization, poliomyelitis and dracunculiasis eradication and efforts to combat iodine deficiency. In the target regions, it will support health services, non-governmental organizations and communities to implement minimum activity packages at different levels for integrated treatment of childhood illnesses, the reduction of malnutrition and micronutrient deficiencies, family and community health, action to combat malaria, and reproductive and neonatal health, including the prevention of mother-to-child transmission of HIV/AIDS.

11. The Education for All programme will help to implement the ten-year education development plan and national early childhood policy in the target regions. It will (a) promote and create a parental and pre-school environment favourable to the integrated development of the young child; (b) improve the quality and effectiveness of basic education by consolidating the sanitary, hygienic and green community schools approach, supporting traditional education ("mahadras"), expanding the apprenticeship curriculum (particularly life skills) and training teachers; (c) increase the rate of enrolment of adolescent girls in the lower level of secondary education; (d) increase the involvement of pupils and parents' associations; and (e) create remedial mechanisms for children who have never attended or have dropped out of school.

12. The programme on the promotion of rights and special protection will focus on advocacy and action for the effective implementation of the rights of children and women. It will support the development of the national movement for children and strengthen the capacity of institutions and civil society to fulfil their role of promoting and participating in the implementation and monitoring of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It will promote a political and legal environment conducive to the protection of all children. In the target regions, it will

identify children needing special protection and improve the services provided for them. Particular attention will be paid to children deprived of parental care, children in conflict with the law and those who are disabled or victims of abuse and exploitation.

13. The programme on support for local participation and community development will play a key role in coordinating decentralized activities. It will (a) help improve regional and local planning capacities and the implementation of urban development measures (particularly with regard to water and sanitation), making children a central priority; (b) support youth associations in identifying and meeting young people's needs and implementing activities that concern them (educational leisure activities, using *Savoir pour Sauver*, HIV/AIDS prevention, etc.); (c) empower women's groups and enhance their status by providing access to microcredit combined with targeted training and information activities; and (d) promote and encourage communication as an instrument for changing behaviour, particularly by combating harmful traditional practices.

14. The programme on social planning, follow-up and evaluation will help consolidate the mechanisms for collecting information on basic social indicators and analysing and monitoring it, maintain a georeferenced social database ("Childinfo") and ensure follow-up of the 20/20 Initiative. It will strengthen the periodic evaluation of the poverty reduction strategy and will ensure that the specific needs of children are adequately addressed. The programme coordination unit, housed in the Directorate for Social Development, will support the planning and monitoring mechanisms. The logical framework and integrated plan for monitoring and evaluation will make it easier to measure results and efficiency.

Estimated programme budget

Estimated programme cooperation, 2003-2008[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	2 050	4 650	6 700
Education for all	1 810	4 200	6 010
Promotion of rights and special protection	1 170	1 500	2 670
Support for local development and community participation	1 260	1 500	2 760
Social planning, follow-up and evaluation	720	150	870
Intersectoral costs	656	–	656
Total	**7 666**	**12 000**	**19 666**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Bolivia

Summary

The Executive Director presents the country note for Bolivia for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. Population growth of this Andean nation of 8.3 million is 2.5 per cent per year, and children 0-14 years old represent 40 per cent of the total. The Government identifies poverty as the most critical social problem. Data from the Poverty Reduction Strategy Paper (PRSP, 2001) show 63 per cent in poverty and 36 per cent in extreme poverty. In all, 5 million people cannot satisfy their basic needs. Rural poverty is 80 per cent, with 60 per cent extreme poverty, affecting primarily the indigenous population. Rural and ethnic disparities are found in all social indicators.

2. The gross domestic product per capita has declined from $1,071 in 1998 to $994 in 2000, and is expected to decline further in 2001. While a national plan for economic reactivation takes effect, Bolivia will benefit from debt relief negotiated through the Highly Indebted Poor Countries (HIPC) Initiative. Some 1.57 billion in debt payments will be redirected to high priority social programmes through a

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formula benefiting the poorest areas. This represents a significant opportunity to meet the pressing needs for basic services.

3. Skilled attendance at birth has recorded a sharp increase during the last five years, reaching 69 per cent in 2000, according to the multiple indicator cluster survey (MICS). This substantial improvement is due principally to the establishment of the Basic Health Insurance Plan, which has eliminated economic barriers to health care for pregnant women and children under five years old. Although there are signs of decline, the maternal mortality ratio remains extremely high, estimated at 390 per 100,000 live births in 1998. Infant and under-five mortality rates are 58 and 79 per 1,000 live births, respectively, again with major geographical disparities. While these rates help to explain why Bolivia is fifth lowest in the region on the United Nations Development Programme Human Development Index, major declines in infant and under-five mortality have been achieved since 1990, and Bolivia met the World Summit for Children goals for mortality reduction.

4. Immunization rates show about 50 per cent complete coverage at age one year, including 79 per cent measles coverage and 72 per cent for three doses of combined diptheria/pertussis/tetanus vaccine. Bolivia was certified polio free in 1995, and there have been no measles cases since October 2000. Vitamin A deficiency is estimated at 11.3 per cent. Chronic malnutrition is high, with 26 per cent of children under five years old moderately or severely stunted. Safe water coverage is good at 85 per cent nationally (93 per cent in urban areas and 69 per cent in rural areas), using the MICS definitions. Safe excreta disposal is 73 per cent (90 per cent urban and 43 per cent rural).

5. According to the MICS survey, the births of nearly 20 per cent of children 0-14 years old were not registered, including 42 per cent of one-year-olds, owing to a failure to recognize their right to an identity, especially among rural and indigenous groups. Coverage of formal early childhood development (ECD) services for children under four years old is low at 7 per cent, but there are also informal and community settings that raise the actual number slightly. Unfortunately, integrated ECD is not a priority in the current plans of the education reform.

6. Access to primary education has shown sustained improvement due mainly to successful education reform. The net enrolment rate for grades 1-8 was 87 per cent in 1999, up from 82 per cent in 1990-1996. While enrolment is equal for boys and girls overall, gender disparities are being addressed by a World Bank project in the municipalities where girls' enrolment lags the most. The timely completion of primary school is low at 57 per cent. Secondary net enrolment has risen to 52 per cent, and is a major societal accomplishment. Improving education quality and learning achievements is now a compelling priority. Other major challenges include providing alternative education for the estimated 800,000 child workers, and reducing the 14 per cent adult illiteracy rate, which rises to 41 per cent among rural women.

7. Children in need of special protection include child workers and the estimated 12,000 children in institutions (orphans, abandoned, disabled) or deprived of liberty for legal offences. Many of these institutions do not provide proper care. Also at high risk are the over 3,700 homeless street children, most of whom use drugs or alcohol, and are at risk of sexual exploitation. Children abused in the home is a problem of large but unquantified dimensions.

8. Adolescent health is a major concern. Health programmes targeting adolescents are rare, and adolescent pregnancies account for 11 per cent of the total. Other aspects of adolescent life show that, except for labour purposes, the prevailing cultural and traditional environment limits their participation in society. Opportunities for expression and recreation are limited, and their voices are seldom heard.

9. The absence of adolescent-specific reproductive health services is especially grave for HIV/AIDS prevention, which is seen as an incipient epidemic. To date, there are few identified cases, and the adult population infection rate is estimated at 0.1 per cent. At present, parent-to-child transmission is very low. However, risk factors are high. The MICS showed that just 16 per cent of women have a basic knowledge of prevention means, dropping to 3 per cent among rural women. Other risk factors are rapid urbanization, internal migration, unprotected commercial sex and early sexual initiation. While Bolivia has a national AIDS programme, it is extremely under-funded and is not meeting the needs.

10. Gender issues are receiving increased attention. The PRSP has included targets related to economic opportunities for women, equity in access to and the quality of basic services, birth registration and protection against domestic violence. Applying a gender perspective could help to correct some of the most glaring inequities in the country.

11. Actions to fulfil child rights in Bolivia take place in a complex political and institutional environment. The society realistically discusses vulnerability, inequity and social exclusion, agrees on laws and policies, and makes public institutions accountable for their implementation. However, capacity weaknesses are severe, especially at subnational levels which will receive the HIPC funds and are being empowered by decentralization policies. While a vigorous civil society exists to help reach social goals, capacity strengthening of the public sector is a shared national and partner concern.

Lessons learned from past cooperation

12. The Basic Health Insurance Plan has been successful in increasing access to health services (particularly prenatal, childbirth and post-natal care) through reduced user costs. Consistent and confident use of such services will further require the adoption of norms for care and services sensitive to the cultural demands of the population and, in particular, the rural indigenous population.

13. Problems in quality control in the production of iodated salt and the consequent reduction in real consumption of iodated salt, particularly after the country's success in the reduction of iodine deficiency disorders had been widely recognized, point to the need for continuous vigilance and sustained efforts once important goals have been achieved.

14. The intercultural bilingual education programme, piloted by UNICEF with the Ministry of Education over the past 10 years, has now been mainstreamed into the primary education system and is well funded. The UNICEF role in that initiative is essentially complete. UNICEF will, however, play a similar role in education in the next country programme, piloting diverse innovative projects with the Ministry to advance quality and equity in education reform.

15. The processes of decentralization operating in the country have transferred important responsibilities, authority for decision-making and financial resources to local governments, and have significantly increased the operating and investment budgets of traditionally poor municipal governments. This, in turn, required UNICEF to adapt its programming from the traditional service delivery approach to a greater emphasis on local capacity-building in order for municipalities to be better prepared to meet their new responsibilities in favour of children and women.

16. Moreover, working directly with nearly 140 distinct municipalities in the past period of cooperation has strained the office's capacity to manage and monitor project inputs and progress. Municipal-level interventions will be limited to the municipalities falling under the integrated local development programme.

Proposed country programme strategy

17. Development of the 2003-2007 country programme strategy was shaped at a national workshop and an earlier mid-term review meeting, in consultation with the Government, United Nations agencies, donors and non-governmental organizations (NGOs).

18. The goal of the country programme is to contribute to the full development of child and adolescent potential, with special attention to the inclusion of zones and groups which benefited less from national development, through gender-sensitive actions in health, education, protection and participation that improve well-being and promote a culture of respect for human rights. The strategic UNICEF role will be to pilot models of sustainable local development to help design social policies that reduce disparities and inequities.

19. The country programme is strongly linked with the Bolivian Poverty Reduction Strategy (PRS) approved in February 2001, which encompasses economic and social development strategies. The United Nations Development Assistance Framework, which is nearly complete, will further define the roles of United Nations agencies with respect to the PRS. The country programme is also fully consistent with the UNICEF medium-term strategic plan for 2002-2005 and addresses its five organizational priorities related to immunization, ECD, girls' education, HIV/AIDS and child protection.

20. The UNICEF programme operates within the new partnership framework (*Nuevo Marco de Relacionamiento*) agreed to the Government and development partners. UNICEF is part of the whole, and participates in the Equity Working Group. UNICEF also participates in the HIV/AIDS Theme Group of the United Nations Country Team, currently chaired by the United Nations Educational, Scientific and Cultural Organization, and in the United Nations Disaster Management Team, chaired by the Pan American Health Organization/World Health Organization (PAHO/WHO). At the operational level, close collaboration exists with PAHO/WHO, the United Nations Population Fund and the World Food Programme. Financial partnerships have already been established with the Governments of Bolivia, Canada, the Netherlands and Sweden, and with the Canadian, Dutch, German, Spanish and United States National Committees for UNICEF. New partnerships will be sought with the Governments of Belgium, Italy, Japan and the United Kingdom.

21. Major strategies of the country programme include: (a) social communication, to create a social demand for rights fulfilment and to foster behavioural change; (b) capacity-building, especially at subnational levels, to help municipalities manage their new responsibilities; (c) empowerment, generically by a transversal use of gender and ethnic analysis in programme design, and directly through programmes to reach the most excluded; (d) service delivery, through innovative pilot activities and local development programmes; and (e) emergency preparedness for and in response to natural disasters, as Bolivia is prone to earthquakes and localized floods and forest fires. The geographic strategy includes a national focus for most programmes, and subnational interventions in the Amazon and Andean regions.

22. The main objectives of the **health and nutrition** programme are to contribute to: (a) reducing infant mortality by at least 20 per cent (from 58 to 47 per 1,000 live births); (b) reducing the incidence of low birth weight from 6 per cent to 4 per cent; (c) restoring universal consumption of iodated salt; (d) increasing and maintaining immunization coverage rates above 90 per cent; and (e) controlling the incipient HIV/AIDS epidemic. This will require increasing coverage of the Basic Health Insurance Plan, and encouraging its use by rural and indigenous women through adopting more culturally sensitive norms and practices. With support from the Andean micronutrient programme, quality control in the production and distribution of iodated salt will be strengthened and, while fostering food fortification initiatives, iron and vitamin A supplementation will be provided through maternal and child health clinics and immunization sessions. To raise the level of priority of AIDS in the national agenda, UNICEF will join efforts with the Joint United Nations Programme on HIV/AIDS co-sponsors. Initially, the main focus in the fight against HIV/AIDS will be on communication for behavioural change, life skills training for youth and the prevention of parent-to-child transmission. According to the progression of the epidemic, UNICEF will expand its assistance to the development of community-based care and support services for affected children and families.

23. The **Education for All** programme aims at ensuring the fulfilment of the development and education rights of all children throughout the life cycle, with a particular focus on girls. The promotion of family and community capacities and involvement in the education of their children will cut across all actions in this area. For the youngest children, UNICEF will assist in policy development and advocate for increased resource mobilization for formal and non-formal ECD services, while promoting improved care practices at the family level. In the context of the national education reform, UNICEF will identify, pilot and promote innovative strategies for improving the quality of basic education and learning achievements, with an emphasis on children at greatest risk of exclusion, namely girls, indigenous children, and children with special needs. UNICEF will support the Ministry of Education in the development of policies and implementation of alternative education strategies for adolescents who are not covered by the formal system, and encourage youth involvement in creating mechanisms for their own expression, recreation and participation, and to develop their life skills and values.

24. The objectives of the **protection and participation of children and adolescents** programme are to: (a) contribute to legal and institutional reforms to implement the Children's and Adolescent's Code (*Código del Niño, Niña y Adolescente*); (b) enforce the rights of children in need of special protection; (c) create mechanisms and opportunities for youth participation, recreation and expression; (d) reduce violence in families and schools; and (e) promote universal

birth registration. To this end, UNICEF will foster communication and social mobilization networks involving the Government at various levels, NGOs and grass-roots organizations, the media, the private sector and the Catholic Church. Technical and financial support will be provided for the strengthening of municipal-level Child Defence Offices (*Defensorias de la Niñez*), including training of judges, prosecutors and others in the judicial system in the principles of the Convention on the Rights of the Child and the national Code, and piloting of mechanisms for conflict resolution in families and communities.

25. The Bolivian components of the multi-country Andean and Amazon subregional programmes (Proandes and Amazonas) (which are presented to the Executive Board separately) are integral components of the country programme and, taken together, comprise the **integrated local development** programme. The objectives of the programme are accelerated improvement in child and maternal nutrition and health; increased access to health, education, water and sanitation services for the largely indigenous population in 54 municipalities in the Andes and Amazon subregions. According to the Law of National Dialogue (*Ley de Diálogo Nacional*) enacted in 2001, authority and financial responsibility for social services have largely been delegated to the municipal level, and UNICEF will provide technical, material and financial support to and through municipal governments to strengthen their capacities to meet their new responsibilities.

26. In addition to cross-sectoral support, **programme support, monitoring and evaluation** will provide the framework for measuring programme and project progress against established goals and targets, evaluating selected programmes, analysing the impact of public policies on children, and monitoring and documenting the situation of children and women in the country. The country programme will be subject to annual reviews and to an MTR, involving the Government, donors and other partners from civil society.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	1 224	10 000	11 224
Education for all	1 000	8 500	9 500
Protection and participation of children and adolescents	1 000	7 000	8 000
Programme support, monitoring and evaluation	2 250	–	2 250
Total	**5 474**	**25 500**	**30 974**
Integrated local development:			
Proandes[b]	–	12 000	12 000
Amazonas[b]	–	7 000	7 000

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

[b] Subregional programmes submitted separately to the Executive Board.